



**THE L.E. MYERS CO.  
401 CHESTNUT STREET  
SUITE 120  
CHATTANOOGA, TN 37402**

I, \_\_\_\_\_, have read and understood that as an  
(print name)  
employee of The L.E. Myers Co. working on TVA (Tennessee Valley Authority)  
property, I am able to do the following:

- **PASS CHEMICAL SCREENING (DRUG & ALCOHOL)**
- **OSHA 10 QUALIFIED**
- **ABLE TO WORK IN ADVERSE WEATHER CONDITIONS**
- **ABLE TO WORK IN ADVERSE TEMPERATURE CONDITIONS**
- **ABLE TO WORK IN AIREAL LIFTS AND HEIGHTS**
- **ABLE TO WORK FROM SCAFFOLDS / PLATFORMS**
- **ABLE TO UTILIZE STAIRS AND CLIMB LADDERS**
- **ABLE TO WORK IN DUSTY / DIRTY CONDITIONS**
- **ABLE TO LIFT AND CARRY 50 LBS. OR 25% OF MY BODY WEIGHT, WHICHEVER IS LESS.**

**I also hereby state that I am not taking any medications that would prevent me from safely performing the assigned work.**

\_\_\_\_\_  
(signature of employee)

**Date** \_\_\_\_\_

CDL

36-1517230

New Hire Information

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0074

**2010**

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

<b>1</b> Type or print your first name and middle initial.		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)				<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. ◆ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ◆ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				<b>7</b>	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				<b>9</b> Office code (optional)	
				<b>10</b> Employer identification number (EIN)	

MYR Group Inc. is herein referred to as the "Company."

Home Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.

☐ Yes ☐ No

Name of person to contact in case of emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AFFIRMATIVE ACTION**

Government agencies require periodic reports on the gender, race, color, and national origin of applicants and employees. This information is for statistical analysis with respect to the success of the Company's affirmative action program under Executive Order 11246. Submission of this information is voluntary.

Check one: ☐ Male ☐ Female  
Check one: ☐ White/Caucasian ☐ Hispanic/Latino ☐ Black/African American  
☐ Asian (not Hispanic or Latino) ☐ Two or more races (not Hispanic or Latino) ☐ American Indian / Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) ☐ Other

The Company is also a government contractor subject to both the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("VEVRAA"), which requires government contractors to take affirmative action to employ and advance in employment disabled veterans, recently separated veterans, and other protected veterans, and section 503 of the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. If you are a disabled veteran, recently separated veteran, or other protected veteran under VEVRAA, or a qualified individual with a disability under the Rehabilitation Act, we would like to include you under our affirmative action program. If you would like to be included, please tell us. See VEVRAA Section on page 2 for more information.

☐ Disabled Veteran ☐ Recently Separated Veteran one and three years ☐ Vietnam Era  
☐ Qualified Individual with a Disability ☐ Armed Forces Service Medal Veteran ☐ Special Disabled Veteran  
☐ Other Protected Veteran

**Driver's License Information**

A. License No. \_\_\_\_\_ B. State: \_\_\_\_\_ C. Class: \_\_\_\_\_

D. Expiration Date: \_\_\_\_\_

E. Restrictions: \_\_\_\_\_

☒ I Do ☐ I Do Not hold a Commercial Driver's License (CDL)

Are you a "new entrant" CDL holder having received your CDL for the first time after 7-20-03? ☐ Yes ☐ No

If "Yes," did you receive Entry Level Driver's Training from one of your previous employers? ☐ Yes ☐ No

**RETURN**

**Document No. W410.06**

**Rev. 1/1/2010**

Member of Union? ☐ Yes ☐ No Classification: \_\_\_\_\_ Local: \_\_\_\_\_ Rate: \_\_\_\_\_  
Electrical License/Permit No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Type: JW or Master \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you ever worked for any MYR Group Inc. company? ☐ Yes ☐ No

A. When: \_\_\_\_\_

B. Where: \_\_\_\_\_

C. Reason for Leaving: \_\_\_\_\_

D. Did you have any safety violations while employed by any MYR Group company? ☐ Yes ☐ No

### VEVRAA

Under VEVRAA, the term "disabled veteran" refers to (i) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability. The term "recently separated veteran" refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty. The term "other protected veteran" refers to (i) a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense, or (ii) a person who, while serving on active duty, participated in a military operation for which a service medal was awarded.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways consistent with VEVRAA or the Rehabilitation Act. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans or qualified individuals with a disability, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

The Company affirmatively seeks the employment and advancement in employment of disabled veterans, recently separated veterans, other protected veterans, and qualified individuals with disabilities. Such affirmative action applies to all employment practices, including hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Company employs various outreach and positive recruitment practices that are designed to attract disabled veterans, recently separated veterans, other protected veterans, and qualified individuals with disabilities not currently in the work force who have requisite skills.

If you are a disabled veteran under VEVRAA or an individual with a disability under the Rehabilitation Act, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

### PERFORMANCE OF ESSENTIAL FUNCTIONS

Can you perform all of the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If "YES" with a reasonable accommodation, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "NO," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOW DID YOU HEAR ABOUT THIS POSITION?

☐ Newspaper ☐ Employee Referral: \_\_\_\_\_ ☐ Job Fair ☐ Placement Firm  
☐ Website ☐ Other: \_\_\_\_\_

RETURN

Document No. W410.06

Rev. 1-29-2009

## EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle (390.5 less than 26,001 lbs.) in intrastate / interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. All applicants possessing a Commercial Driver's License (CDL) to drive a commercial motor vehicle shall also provide an additional 7 years information on all employers. List complete mailing address, street number, city, state, and zip code.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

**RESUME MUST ALSO BE ATTACHED.**

LAST EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 ☐ Yes ☐ No

LAST EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 ☐ Yes ☐ No

LAST EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 ☐ Yes ☐ No

LAST EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 ☐ Yes ☐ No

## DRIVER'S LICENSES - PAST THREE YEARS

DRIVERS LICENSES	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has your license, permit, or privilege to drive ever been suspended or revoked? ☐ Yes ☐ No

If the answer to A or B is yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all states you have worked in and driven in during the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special courses or training you have had that will help you as a driver:

\_\_\_\_\_  
\_\_\_\_\_

RETURN

Document No. W410.06

Rev. 1/1/2010

**TRAFFIC CONVICTIONS AND FORFEITURES - PAST THREE YEARS**  
(OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTIES

**DRIVING EXPERIENCE**

	TYPE OF EQUIPMENT	APPROXIMATE DATE	APPROX. NO. OF TOTAL MILES	EXPIRATION DATE
Straight Truck				
Truck with Trailer				
Tractor with Trailer				
Doubles / Triples				
Other				

**ADDRESSES - PAST THREE YEARS**

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
How long? \_\_\_\_\_

**CURRENT D.O.T. HEALTH CARD:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**ACCIDENT RECORD - PAST THREE YEARS**

	DATES	Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES / INJURIES
Last Accident			
Next Previous			
Next Previous			

**GENERAL COMPANY POLICIES**

It is mandatory that any employee who is unable to report to work notify the Company. Notification should be made as required within your departmental assignment. Direct notice to your supervisor is requested. When it is necessary to leave the information with the receptionist or answering service, make sure both your departmental assignment and the name of your supervisor are stated in the message.

- Every employee has an obligation to himself and his co-workers to be familiar with and use safe working procedures. The Company maintains a full-time safety department for the purpose of monitoring and implementing safe working practices. Employees are encouraged by the management and all supervisory personnel to use the safety materials available in our program.
- Employees who operate company vehicles and equipment are responsible for operating them at all times in a safe and law-abiding manner. A valid driver's license representative of the weight and class of vehicle to be driven must be held by anyone who drives a company vehicle. Violations of state and local driving laws are also violations of company policy.
- Company owned equipment is to be operated for work related purposes and only with the knowledge and approval of supervisory personnel.  
*Any employee determined to be in violation of safe working practices will be subject to disciplinary action and/or termination.*

## NOTICE TO EMPLOYEES

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,001 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial motor vehicle (382.107) driver who possesses a commercial driver's license must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

### PENALTIES

Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

### NOTICE (49 CFR Parts 380, 390, and 391)

1. If a driver refuses to provide written consent to contact their previous employers, he/she will not be allowed to operate any vehicles greater than 10,000 lbs. GVW/GCVW.
2. A driver has the right to review the information provided by the previous employers, the right to have errors corrected by the previous employers, and the right to have a rebuttal statement attached to the alleged erroneous information. This request must be submitted in writing to the prospective employer, which may be done when applying, or as late as 30 days after being employed.

*Previous employers who fail to respond to request for inquiry will be reported to the FMCSA in accordance with procedures specified in 386.12. All requests for information will be retained in drivers investigation file as a good faith effort documentation to obtain required information.*

### ACKNOWLEDGEMENT TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on and information in are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my driving record, drug/alcohol testing record, employment history and other related matters as may be necessary for my employment. I hereby release employers, schools or persons from liability in responding to inquiries in connection with my application. I understand that false or misleading information given on this application can result in a denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by law. I further certify that I have read the "Notice to Employees" on this application and understand the driver provisions of the Commercial Vehicle Safety Act of 1986, including additional provisions added in 2004. I also certify that I have received a copy of the following Company Policies and understand that failure to comply with any aspect of these policies may result in disciplinary action, up to and including termination.

**MYR Group Inc. General Company Policies, Code of Ethics Policy, Drug Free Workplace Policy, Disciplinary Policy**

NOTHING IN THIS APPLICATION OR ANY OTHER POLICY, PROCEDURE, PRACTICE OR BENEFIT IS INTENDED TO CREATE AN EXPRESS OR IMPLIED CONTRACT, GUARANTEE, PROMISE, OR COVENANT. EXCEPT WHEREVER EXPRESSLY WRITTEN, EMPLOYMENT BY THE COMPANY IS AT WILL, MEANING IT MAY BE TERMINATED BY THE EMPLOYEE OR THE COMPANY AT ANY TIME WITHOUT NOTICE, CAUSE, OR ANY SPECIFIC PROCEDURES.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

### EQUAL OPPORTUNITY EMPLOYER

The Company does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

RETURN

Document No. W410.06

Rev. 1/1/2010

**Form I-9, Employment  
Eligibility Verification**

**Instructions**

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What is the Purpose of this Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should It Be Completed?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9**

**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 08/07/09) Y Page 2





An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States  
☐ A noncitizen national of the United States (see instructions)  
☐ A lawful permanent resident (Alien #) \_\_\_\_\_  
☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_  
 until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature

Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.


Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) The L.E. Myers Co., 401 Chestnut Street Suite #120, Chattanooga, TN 37402		Date (month/day/year)

## Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record
	6. Military dependent's ID card
	7. U.S. Coast Guard Merchant Mariner Card
	8. Native American tribal document
	9. Driver's license issued by a Canadian government authority
	<b>For persons under age 18 who are unable to present a document listed above:</b>
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card
	11. Clinic, doctor, or hospital record
	12. Day-care or nursery school record

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

Form I-9 (Rev. 08/07/09) Y Page 5

**ATTACHMENT X**

**CERTIFICATION REQUIRED FOR SUBSISTENCE ALLOWANCE PAYMENTS FOR WORK  
PERFORMED UNDER TVA PROJECT LABOR AGREEMENTS  
(Page 1 of 2)**

I understand that TVA and The L. E. Myers Co. rely on the following information for determining eligibility for Subsistence Allowance Payments made to me under Contract 27657.

In order for The L. E. Myers Co. to be entitled to reimbursement from the Tennessee Valley Authority (TVA) for payments to me of Subsistence Allowances Payments during my employment at a TVA work location, I understand that:

- a) Employees engaged in construction, maintenance, and modification of transmission facilities, whose temporary work location is changed throughout the work area, will be eligible for a subsistence allowance (as specified in the TVA Project Labor Agreements Other Payments, a copy of which has been provided to me) for each night when the foreman/supervisor determines that the temporary work location board town is more than 55 miles from the city or town of the employee's permanent residence (no receipt will be required).
- b) The employee and foreman/supervisor will sign the timesheet certifying that all eligibility requirements are met for the travel subsistence.

Note: Required Lodging - At any time the contractor specifies that overnight lodging is required, the employee will be paid the subsistence allowance for each night lodging is obtained and occupied while working on that assignment regardless of distance to permanent residence.

---

X Name: \_\_\_\_\_

X Permanent Residence Address: \_\_\_\_\_

\_\_\_\_\_

X County: \_\_\_\_\_

X Phone with Area Code: \_\_\_\_\_

\_\_\_\_\_

---

I hereby certify that the permanent residence address provided above is my Permanent Residence.

I hereby certify that the permanent residence address provided above is my legal residence in accordance with the laws of the state in which my permanent residence is located.

I understand that Post Office Box Numbers are not acceptable as a permanent residence address.

I understand that I will be required to provide The L. E. Myers Co. with a copy of my driver's license or other documentation as proof of permanent residency address.

**CERTIFICATION REQUIRED FOR SUBSISTENCE ALLOWANCE PAYMENTS FOR WORK  
PERFORMED UNDER TVA PROJECT LABOR AGREEMENTS  
(Page 2 of 2)**

I understand that I must recertify eligibility if there are any changes which affect the validity and accuracy of the information provided herein, and I will immediately notify The L. E. Myers Co. by submitting a revised certification. I also understand that I must recertify eligibility on an annual (anniversary) basis or as required by The L. E. Myers Co. to continue to receive Subsistence Allowance Payments.

I acknowledge that in addition to any statutory penalties which may be imposed, I agree to reimburse TVA or Contractor for any Subsistence Allowance Payments made to me as a result of any false statement willfully and knowingly made herein. I will also reimburse TVA or Contractor for payments made to me for which I am not eligible as a result of my failure to notify The L. E. Myers Co. of a change in the information provided herein which affects my eligibility for Subsistence Allowance Payments.

I understand that TVA is an agency of the United States Government; that this certification is made to The L. E. Myers Co. and TVA; and that I am subject to criminal prosecution under 18 U.S.C. § 1001 for any false statements contained herein.

X \_\_\_\_\_  
Printed Name of Employee (or Subcontractor)

X \_\_\_\_\_  
Employee No. or SSN (as applicable)

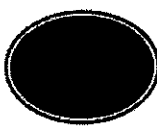
X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Review/Approval

\_\_\_\_\_  
Date

Date Last Modified: March 8, 2004



## LINE OPERATIONS EMPLOYEE QUALIFICATIONS WORKSHEET

NAME \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

Did you participate in an Apprenticeship Training Program? \_\_\_\_ Yes \_\_\_\_ No

Whose Program? \_\_\_\_\_

Did you complete the program? \_\_\_\_ Yes \_\_\_\_ No

How long ago did you attend? \_\_\_\_\_

How long have you been at your current classification? \_\_\_\_\_

How long in Construction? \_\_\_\_\_

What Local did your card originate? \_\_\_\_\_

What voltages have you worked with? \_\_\_\_\_

What is the highest? \_\_\_\_\_

Please detail any training you have had and how long ago. \_\_\_\_\_

When was your last grounding training? \_\_\_\_\_

What was your most recent overhead electrical project you were involved with? Explain the nature of the project and your role. When and where it was and who you worked for?

What was your most recent underground electrical project you were involved with? Explain the nature of the project and your role. When and where it was and who you worked for?

What was your most recent Transmission/Substation project you were involved with? Explain the nature of the project and your role. When and where it was and who you worked for?

Have you ever been terminated for a safety or policy violation? If so, please describe: \_\_\_\_\_

Interviewer Signature \_\_\_\_\_

Date \_\_\_\_\_

New Hire Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN**

**Document No. LINE00110.06**

**Rev. 10-12-06**



## Acknowledgement of Receipt of Policy

I hereby acknowledge that I have received, read and understand my Company's Drug Free Workplace Program Policy required by Department of Transportation (DOT) regulations and the Company Drug-Free Workplace policy. I understand that I am subject to and must adhere to the DOT regulations, and must abide by terms of the Company's Policy as a condition of employment.

I understand that during my employment I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by the Company. I agree to comply with the Company's Policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations, as well as the Company's Policy, and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to action required by DOT regulations. I further understand the consequences related to controlled substances use or alcohol as prohibited by Company's Policy.

I acknowledge that the provisions of Company's Drug-Free Workplace Program Policy are part of the terms and conditions of my employment, and that I agree to abide by them.

I also certify that I have received and understand the employee educational material provided by my employer regarding the Company's Drug-Free Workplace Program (DFWP) and policy.

---

**THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING  
ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Employee Social Security Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_ The L.E. Myers Co. \_\_\_\_\_

Company Official's Name: \_\_\_\_\_  
(Print Name)

Company Official's Signature: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, and I acknowledge that I understand the company's Drug-Free Workplace policy. I hereby agree to his/her participation in the Company's Drug-Free Workplace Program.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This certificate should be retained in a secured file.**

**RETURN**

**Document No. DOT00210.06**

**Rev. 10-12-06**



## Request/Consent For Information From Previous Employer(s) On Alcohol & Controlled Substances Testing & Employment History

I hereby authorize you to release the following information to MYR Group, Inc. for the purpose of investigation as required by Sections 391.23, §40.25 (g) and §382.405 (f) and (h) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Social Security Number \_\_\_\_\_

(Print Name) First, M.I., Last \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and Address of Previous Employer:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below and return. ☐

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Under Department of Transportation testing requirements for the past three years;

YES

NO

1. Has the person had an alcohol test with a result of 0.04 or higher alcohol concentration? ☐
2. Has this person had a verified positive drug test? ☐
3. Has this person refused to be tested (including verified adulterated or substituted drug test results?) ☐
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? ☐
5. Did a previous DOT-regulated employer report a drug and alcohol rule violation to you? ☐
6. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? ☐

If YES to any of the above questions, please provide name, address, and phone number of the Substance Abuse Professional.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Employed from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_
2. Did he/she drive motor vehicle for you? ☐ Straight Truck \_\_\_\_\_  
Bus? ☐ Other (Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? ☐
4. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
5. Was his/her general conduct satisfactory? ☐
6. Please advise history of past driving record if available for past three years \_\_\_\_\_

7. Did he/she have any accidents that occurred in the three-year period preceding the date of the employment application involving a vehicle over 10,000 lbs. which resulted in:

- a. a fatality \_\_\_\_\_
- b. Bodily injury to a person, who immediately had to receive medical treatment away from the scene of the accident \_\_\_\_\_
- c. One or more motor vehicles were required to be towed away from the scene of the accident \_\_\_\_\_

Preparer's

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

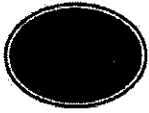
Telephone No.: \_\_\_\_\_

401 Chestnut Street Suite #120  
Chattanooga, TN 37402  
Document No. DOT00310.06

RETURN

Rev. 10-12-06





## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to MYR Group, Inc. for purposes of investigation as required  
(Prospective Employer)  
by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from  
furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the request report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_.  
As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the  
applicant's driving record for the past three years.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

The L.E. Myers Co.

REQUESTED BY

(Name of Company)

(Typed Name)

401 Chestnut St. Suite #120

(Address)

(Title)

Chattanooga TN 37402

(City)

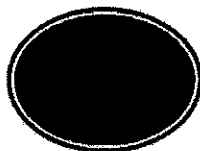
(State)

(Signature)

RETURN

Document No. DOT00410.06

Rev. 10-12-06



## Pre-Employment Testing History Form

Employers regulated by the Department of Transportation (DOT) must ask all prospective employees offered DOT-regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding two years. Please respond "yes" or "no" to the following questions by placing an "X" in the appropriate space.

### To be completed by the prospective employee

In the last two (2) years:

	<u>YES</u>	<u>NO</u>
1. Have you tested positive on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work?	_____	_____
2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work?	_____	_____
3. If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process?	_____	_____
- or -		
If you responded "No" to both Questions 1 and 2 above, please mark the following space	_____	

Please provide the name, address and telephone number of the Substance Abuse Professional (SAP), if any, to which you were referred as part of the DOT-required return-to-duty process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Certificate of Compliance**  
**MYR Group Inc. Code of Ethics**  
**(Policy HR 4.40)**

**Personal Statement of Compliance:**

Each employee of MYR Group Inc. or any of its subsidiary companies (hereinafter MYR Group Inc. and its subsidiary companies are collectively referred to as the "Company") is responsible for complying with MYR Group Inc.'s Code of Ethics (Policy Statement HR 4.40). Each employee is obligated to report any activities that may conflict with this policy and failure to do so will be considered a violation of the policy. A copy of the policy is attached. By checking the "yes" box below, I specifically acknowledge and agree that:

- a. I have read the policy and fully understand its contents;
- b. I have had the opportunity to ask any questions to and/or seek clarification from appropriate Company representatives regarding the policy; and
- c. To the best of my knowledge and belief, I have not engaged in any activities over the last twelve months which are inconsistent with or are in conflict with the guidelines setout in the policy.

I understand that submission of this statement at this time does not relieve me of the responsibility to disclose promptly at other times any actual or potential exception to the policy statements.

Yes ☐ No ☐ If you checked "No" or have any information to disclose, please explain:

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**Personal & Family Business Relations with the Company:**

The Company respects the rights of its employees to engage in activities outside the normal scope of their employment, provided such activities do not conflict with the employees' ability to perform their job duties. In order to confirm compliance and advise employees on potential or perceived conflicts of interest, we ask that if you have employment or business interests other than the Company, do you own any interest in or receive any compensation from any other business entity which does business or is seeking to do business with the Company as an owner, supplier, contractor, subcontractor, customer, leasing company, etc.?

Yes ☐ No ☐

If yes, please give the name of the business: \_\_\_\_\_

To the best of your knowledge, does a member of your immediate family (spouse, children, parents, spouse's parents, brother, sister, spouse's brother, spouse's sister) or any member of your household serve as a director, officer, employee, consultant, or agent of an organization which has or seeks to have a business relationship with the Company as an owner, supplier, contractor, subcontractor, customer, leasing company, etc.? Yes ☐ No ☐

If yes, please give the name of the business: \_\_\_\_\_

**Compliance of Others:**

Each employee has the responsibility to report conflict of interest situations and actual or suspected violations of the Code of Ethics. You can report any suspected violations to the Code of Ethics which you perceive involve other employees by either responding to the questions below or if you wish to remain anonymous, reporting any items by calling the Employee Hot Line, My Safe Workplace (1-800-736-8873) and leave the boxes below unchecked.

Do you have any knowledge of: (Please provide an explanation for any "yes" answers)

- Any significant unreported conflict of interest situations? Yes ☐ No ☐
- The use of corporate assets for any unlawful purpose? Yes ☐ No ☐
- Any improper or unlawful failure to disclose or record assets or liabilities of the Company? Yes ☐ No ☐
- Any false entries made on the books or records of the Company? Yes ☐ No ☐
- The unlawful use of Company funds or assets for political purposes? Yes ☐ No ☐

If you answered "yes" to any of the above questions, please explain your answer below.

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Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MYR GROUP

## Human Resource Policy Statement

Topic: Drug Free Work Place

Section: HR 04.50

### DFWP Acknowledgement of Receipt of Policy and Consent to Testing

I certify that I have received and understand the Company's Drug-Free Workplace Policy.

I agree to comply with the company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlined in the company's policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine specimens tested for drugs at a U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (DHHS/SAMHSA)-certified laboratory.

I consent to the release of the drug and/or alcohol test results in accordance with the company policy to the selected Medical Review Officer (MRO), to the company's third-party administrator (currently Pinkerton Services Group-Health Services Division), to and within the company on a need-to-know basis, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I will be given an opportunity to discuss a positive drug test result with the MRO before the result is reported to the company as a verified positive.

In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, and I acknowledge that I understand the company's Drug-Free Workplace Policy. I hereby consent to his/her participation in the company's Drug-Free Workplace Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THIS CERTIFICATE SHOULD BE RETAINED IN A SECURED FILE.**

Prepared by: D.K. Shaw	Approved by: W. A. Koertner	Date Issued: 12/04/09	Supercedes: 07/20/06	Page: 9 of 10
